FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2002 8:00 am Secretary of State

DOCUMENT # K33667 L & G AUTO SERVICE, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address					04-18-2002 904	-	
						•	
					80068628		
910 S Dixie Highway Suite, Apt. #, etc.		3. Mailing Address 910 S Dixie Highway			00000	9 2 .10	
,	,	Suite, Apt, #, etc.			DO NOT WRITE IN THI	S SPACE	
City & State. Hollywood, Florida		City & State Hollywood, Florida		4.	4. FEI Number Applied For Not Applicable Not Applic		
Zip Country 33020-5944 U.S.A.		Zip - Country 33020-5944 U.S.A.		5.	5. Certificate of Status Desired \$8.75 Additional		
	0.0.11.	33020 3744	0.5.A.	7. N	ame and Address of Current Register	Fee Required ed Agent	
DO NOT WRITE			Name	Name GALLARDO, LUIS JR.			
			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPA		ACE		1916 North 36th Avenue			
			City	Hollywood FL 33021-4829			./.820
8. The above	named entity submits this statement for	the purpose of changing its re					4029
SIGNATURE .	Signature, typed or printed name of registered agent a	rd ide if applicable. (NOTE:	Registered Agent signatur	e required when r	elestating) DATE		
Tax filing r	orasion is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	January 1 - Ma After May 1	y 1 Fee is \$150. Fee is \$550.00 UBR is \$61.25	00	10. Election Campaign Financing	\$5.00 Added to	
11,	OFFICERS AND I	DIRECTORS	TITLE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gallardo, Luis Jr. 1916 North 36th Avenue						10/01
TITLE NAME	D Gallardo, Mayda	4029	CITY-ST-ZIP TITLE NAME				C D C D C D C D C D C D C D C D C D C D
STREET ADDRESS . City-St-Zip	DRESS 1916 North 36th Avenue		STREET ADDRESS CITY-ST-ZIP		•		
TITLE - ~~ !			TITLE STORY OF THE BEAUTION OF	g our see radge."	لل يولي موهد	سد باست	- 1 Au - 1 Au
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS		IN THIS SPA	CE	
CITY-ST-ZIP TITLE			CITY-ST-ZIP				
NAME STREET ADDRESS CITY+ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee smoot twith an addres: with all other like emp						

Luis Gallardo Jr. 4-8-02 954-922-8240